



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Gail Vasterling
Director



Jeremiah W. (Jay) Nixon
Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

SIMULATOR CALIBRATION REPORT

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

SIMULATOR INFORMATION

Agency:	<u>Missouri State Highway Patrol</u>
Serial Number:	<u>MP2205</u>
Manufacturer:	<u>Guth</u>
Model Number:	<u>12V500</u>

CALIBRATION RESULTS

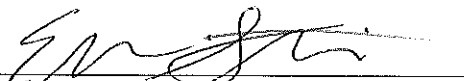
<u>Reference Temperature</u>	<u>Simulator Temperature</u>
33.99	34.00

This calibration was performed with
NIST-Traceable Thermometer SN: 306168

This simulator was tested by: JLC

This testing was performed: 10/08/15

This certification expires: 10/08/16

Signature of certifying DHSS Scientist: 

Name of certifying DHSS Scientist: Ellen R. Strawsine



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BREATH ALCOHOL SIMULATOR TEST WORKSHEET

Test Simulator Information

Agency: Missouri State Highway Patrol
Email for COC: Jimmy.cleveland@mshp.dps.mo.gov
Serial Number: MP2205
Manufacturer: Guth
Model Number: 12V500

NIST-Traceable Reference Thermometer Information

Serial Number: 306168
Date of Certification: 08/13/2015
Date of Expiration: 08/13/2016

Test Simulator Measurements

Readings	Reference Thermometer	Test Simulator
1	33.99	34.00
2	33.99	34.00
3	33.99	34.00
4	33.99	34.00
5	33.99	34.00

**COPY OF LABEL PLACED
ON SIMULATOR**

This simulator has been calibrated according to DHSS specifications.
SIMULATOR SERIAL NO.: MP2205
EXPIRATION DATE: 10-8-15
DATE OF CERTIFICATION: 08-13-15
NIST TRACABLE NO.: 306168
APPROVING DHP: Jimmy L. Cleveland
N/A NIST TRACABLE NO.

Bias (δ_T): .01

Technician performing testing: Jimmy L. Cleveland

I hereby certify that all data submitted within this form was collected in accordance with the DHSS Procedure for the Testing of Breath Alcohol Simulators and 19 CSR 25-30.051, Breath Analyzer Calibration and Accuracy Verification Standards.

Signature: [Signature]

Date: 10-8-15

Submit completed forms for simulator certification to DHSS Breath Alcohol Program by fax at (573) 840-9139 or by email at brian.lutmer@health.mo.gov or breathalcohol@health.mo.gov.

www.health.mo.gov

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.